

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028617

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4219

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED AUG 14 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Jackson	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Kansas City	b. COUNTY	Jackson
Length of stay in 1b	40 yrs	c. CITY OR TOWN	Kansas City
c. FULL NAME OF (If NOT in hospital, give location)	1300 E. 32nd Terrace	Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HOSPITAL OR INSTITUTION	1300 E. 32nd Terrace	d. STREET ADDRESS	1300 E 32nd Terrace
Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED		4. DATE OF DEATH	
First	Middle	Last	Month Day Year
JOSEPH FRANCIS ROYCROFT		July 24 1963	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/>	8. DATE OF BIRTH
Male	White	Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Salesman		Novelty Sales Co.	
11a. BIRTHPLACE (City and state or country)		11b. CITIZEN OF WHAT COUNTRY	
St. Paul, Kansas		U. S. A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
—		—	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
Yes <input checked="" type="checkbox"/> WWI		—	
17. INFORMANT		Address	
Mildred L. Roycroft		1300 E 32 Terrace	
18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		minutes	
IMMEDIATE CAUSE (a)		Coronary thrombosis	
DUE TO (b)		Coronary atherosclerosis	
DUE TO (c)		—	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
Coronary thrombosis 1954 Angina Pectoris years		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	
20d.	20e.	20f.	
21. I attended the deceased from	1954	to	24 July 63
Death occurred at	10 A	m on the date stated above, and to the best of my knowledge, from the causes stated.	22 July 63
22a. SIGNATURE	Degree or title	22b. ADDRESS	22c. DATE SIGNED
John B. Willoughby M.D.	—	2C Harrison	25 July 63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	7-27-63	Forest Hill Cemetery	Kansas City, Missouri
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Mellody-McGilly-Eylar Funeral Home	7-28-63	—	—
Woodland-Linwood	(Licensed Embalmer's Statement on Reverse Side)	3	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF  
JEAN B. WILLoughby  
MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

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Dr. Jean Welloughly  
6400 Prospect

7th 4-4474

1-5 PM

8528

0-1-4

0-OP

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No.

4573

P. O. Address

Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.